Exhibit 11

Business Account Application

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Bank Name:		Branch Name:			
WELLS FARGO BANK, N.A.		HUEBNER & VANCE	JACKSON		
Banker Name:		Officer/Portfolio Number:	Date:		
1727969		B7888	08/22/2017		
Banker Phone:	Branch Number:	Banker AU:	Banker MAC:		
/	05078	0063282	T7537-010		
To help the government fight the funding of terrorism and identifies each person (individuals and businesses) who op other information that will allow us to identify you. We make New Account Information	ens an account. What this means	for you: When you open an accoun	nt, we will ask for your name, ac		
■ New Deposit Account(s) Only	New Depo	sit Account(s) and Busin	ness Credit Card		
Account 1 Product Name:		Purpose of Account 1 :			
Basic Business Checking IOLT	A	General Operation	ng Account		
COID: Product: Account Number:		Opening Deposit:	Type of Funds:		
808 DDA 5032		\$25.00	CACK		
New Account Kit:		Chacking	7/Savings Ropus Offer Available		
petticom@aol.com		Checking/Savings Bonus Offer Available: NO			
		12			
Related Customer Information					
Customer 1 Name: CHRIS PETTIT & ASSOCIATES PC					
Enterprise Customer Number (ECN):		Account Relationship:			
482798002331710		Sole Owner			
Customer 2 Name: CHRISTOPHER J PETTIT					
Enterprise Customer Number (ECN):		Account Relationship:			
306403041138215	Signer				
Checking/Savings Statement Mailing	Information				
Name(s) and Information Listed on Statement:	***************************************	Statement Mailing Address:	~~~~		
CHRIS PETTIT & ASSOCIATES PC		11902 RUSTIC LN			
		Address Line 2:			
TX IOLTA ACCT					
		City:		State:	
		SAN ANTONIO		TX	
		ZIP/Postal Code:		Country:	
		78230-1418		US	



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Business Account Application

Customer 1 Inform	ation						
Customer Name:							
CHRIS PETTIT &	ASSOCIATES E	C		-			
Enterprise Customer Number	Enterprise Customer Number (ECN):			Street Addre			
482798002331710			11902	RUSTIC LN			
Account Relationship:			Address Line	2:			
Sole Owner							
Taxpayer Identification Numb	er (TIN): TIN Type			Address Line	Address Line 3:		
74-2801267	EIN						
Business Type:				City:			State:
Corporation Ty	rpe S			SAN AN'	SAN ANTONIO TX		TX
Business Sub-Type/Tax Classit		Non-Pro	ofit:	ZIP/Postal Co	ZIP/Postal Code: Count		Country:
Professional C	orporation	No		78230-	1418		US
Date Originally Established:	Current Ownership Si	nce: Numbei	of Employees:	Business Pho	one:	Fax:	
03/15/2016		30		210/73	2-8300		
Annual Gross Sales:	Year Sales Rep	orted: Fiscal Ye	ear End:	Cellular Pho	ne:	Pager:	
\$30,000,000.00	11/01/1	994					
Primary Financial Institution:	Number of Loc	ations:		e-Mail Addre	·ss:		
	5			pettit	com@aol.com	1	
Primary State 1:	Primary State 2:	Primary	State 3:	Website:			
Primary Country 1:	Primary Country 2:	Primary	Country 3:	Sales Market	··		
			,	LOCAL			
Industry:							
Other Services	(except Publ	ic Admin	istration	n)			
Description of Business:							
Law Firm							
Major Suppliers/Customers:							
Bank Use Only							
Name/Entity Verification:			Address Verific	ation:			
Secretary of State PERSONAL			L				
BACC Reference Number:			•				
6172340001500							
Document Filing Number/Des	scription:	Filing Country:	Filing State:	ŗ	iling Date:	Expiration Date:	
0092237902	onpuon.	US	TX		11/15/1996	Expiration outc.	
Country of Registration:	State of Registration:	International Tra	1	<u> </u>	,,	 Check Reporting:	
US	TX					NO RECORD	

State/Foundation TIN:

742-35-4575

State/Foundation Name:

TEXAS EQUAL ACCESS TO JUSTICE FOUNDATION

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Business Account Application

Owner/Key Individual 1 Information

Owner/itey marvia	uui i iiiioi	macion				
			Residence Address:			
CHRISTOPHER J PETTIT			11 CHAMPIONS RUN			
Business Relationship:			Address Line 2:			
Owner with Con	trol of	the Entit	ΣY			
Position/Title:		Date of Birth:	Percent of Ownership:	Address Line 3:		
		04/13/19	67 100.0			
Enterprise Customer Number	(ECN):			City:		State:
306403041138215			SAN ANTONIO		TX	
Taxpayer Identification Num	ber (TIN):	TIN Type:		ZIP/Postal Code:		Country:
-9429		SSN		78258-7719		US
Primary ID Type:	Primary ID Des	scription:		Country of Citizenship:	Permanently Resides in US:	
DLIC	0856955	8		US		
Primary ID St/Ctry/Prov:	Primary ID Issue	e Date: Pr	imary ID Expiration Date:	Check Reporting:		
TX	04/13/2	013 0	4/13/2019	NO RECORD		
Secondary ID Type:	Secondary ID D	escription:				
OTHR	BRCS NO	N-DOC VER	IFICATION			
Secondary ID State/Country:	Secondary ID Is		econdary ID Expiration Date:			
	1	-		J		



Certificate of Authority

Each person who signs the "Certified/Agreed To" section of this Application certifies that:

- A. The Customer's use of any Wells Fargo Bank, N.A. ("Bank") deposit account, product or service will confirm the Customer's receipt of, and agreement to be bound by, the Bank's applicable fee and information schedule and account agreement that includes the Arbitration Agreement under which any dispute between the Customer and the Bank relating to the Customer's use of any Bank deposit account, product or service will be decided in an arbitration proceeding before a neutral arbitrator as described in the Arbitration Agreement and not by a jury or court trial.
- B. Each person who signs the "Certified/Agreed To" section of this Application or whose name, any applicable title and specimen signature appear in the "Authorized Signers Signature Capture" section of this Application is authorized on such terms as the Bank may require to:
 - (1) Enter into, modify, terminate and otherwise in any manner act with respect to accounts at the Bank and agreements with the Bank or its affiliates for accounts and/or services offered by the Bank or its affiliates (other than letters of credit or loan agreements);
 - (2) Authorize (by signing or otherwise) the payment of Items from the Customer's account(s) listed on this Business Account Application (including without limitation any Item payable to (a) the individual order of the person who authorized the Item or (b) the Bank or any other person for the benefit of the person who authorized the Item) and the endorsement of Deposited Items for deposit, cashing or collection (see the Bank's applicable account agreement for the definitions of "Item" and "Deposited Item");
 - (3) Give instructions to the Bank in writing (whether the instructions include the manual signature or a signature that purports to be the facsimile or other mechanical signature including a stamp of an Authorized Signer as the Customer's authorized signature without regard to when or by whom or by what means or in what ink color the signature may have been made or affixed), orally, by telephone or by any electronic means in regard to any Item and the transaction of any business relating to the Customer's account(s), agreements or services, and the Customer shall indemnify and hold the Bank harmless for acting in accordance with such instructions; and
 - (4) Delegate the person's authority to another person(s) or revoke such delegation, in a separate signed writing delivered to the Bank.
- C. If a code must be communicated to the Bank in order to authorize an Item, and the code is communicated, the Item will be binding on the Customer regardless of who communicated the code.
- D. Each transaction described in this Certificate of Authority conducted by or on behalf of the Customer prior to delivery of this Certificate is in all respects ratified.
- E. If the Customer is a tribal government or tribal government agency, the Customer waives sovereign immunity from suit with respect to the Customer's use of any Bank account, product or service referred to in this Certificate.
- F. The information provided in this Application is correct and complete, each person who signs the "Certified/Agreed To" section of this Application and each person whose name appears in the "Authorized Signers-Signature Capture" section of this Application holds any position indicated, and the signature appearing opposite the person's name is authentic.
- G. The Customer has approved this Certificate of Authority or granted each person who signs the "Certified/Agreed To" section of this Application the authority to do so on the Customer's behalf by:
 - (1) resolution, agreement or other legally sufficient action of the governing body of the Customer, if the Customer is not a trust or a sole proprietor;
 - (2) the signature of each of the Customer's trustee(s), if the Customer is a trust; or
 - (3) the signature of the Customer, if the Customer is a sole proprietor.

Certified/Agreed 10			
Owner/Key Individual 1 Name CHRISTOPHER J PETTIT		Position/Title:	
Owner/Key Individual 1 Signature	Submit manually Signature not required	Date: 08/22/2017	
Authorized Signers - Signature Capture			
Authorized Signer 1 Name		Position/Title:	
CHRISTOPHER J PETTIT			
Authorized Signer 1 Signature			
	Submit manually	Data	
	Submit manually Signature not required	Date:	
	signature not required	08/22/2017	

